

**N J DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
P.O. BOX 473
TRENTON, NJ 08625**

LICENSE APPLICATION INSTRUCTIONS

All applications submitted to this office must be complete and include **all fees, documents/ attachments. A preliminary review for correct fees will occur upon submission. **No further review** will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety. The processing time is contingent upon the complexity of the application.**

GENERAL INSTRUCTIONS

1. Indicate the type of license being requested in the space provided.
2. Type or print clearly all answers. Do not leave any questions unanswered. If a question is not applicable or the answer is none, please type or print N/A or NONE.
3. Insert on line #1, the complete name of the corporation, limited liability company, partnership, or sole proprietorship exactly as it appears in your incorporation/formation papers as filed with the N J Division of Revenue or on your trade name certificate filed with your County Clerk's office.
4. If you are unable to receive mail at the proposed address to be licensed appearing on the application, provide an alternate mailing address.
5. Attach a copy of your Certificate of Incorporation/Formation bearing the dated filing stamp of the Treasurer of the State of New Jersey. Foreign (out-of-state) entities must attach a copy of the Certificate of Authority to do Business in New Jersey bearing the dated filing stamp of the Treasurer of the State of New Jersey. Partnerships or sole proprietorships utilizing a trade name must attach a copy of the trade name certificate bearing the dated filing stamp of the County Clerk's office in the county in which their business is to be located.
6. Attach a copy of the registration of alternate/fictitious name bearing the dated filing stamp of the Treasurer of the State of New Jersey if the entity uses a "doing business as/alternate name". If such name is used, it must be included on the line provided for D/B/A or Trade Name.
7. Application must be properly signed and dated by: (1) corporate president and secretary if a corporation; (2) managing member and witness if a limited liability company; (3) member of the partnership and a witness if a partnership; or (4) the sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation. Corporate seal or a facsimile of same must be affixed in the case of a corporate applicant. Signatures must be witnessed by a notary public or attorney.

8. Personal Certifications must be completed by all officers, directors, substantial stockholders (10% or more), members, partners or owners.
9. All applicants with the exception of **Check Casher, Money/Foreign Money Transmitters and Pawnbrokers** must attach a financial statement as prepared by your accountant/office manager/bookkeeper demonstrating net worth. In the instance of a newly formed company, attach a start-up balance sheet. **Check Cashers, Money/Foreign Money Transmitters and Pawnbrokers** must follow special instructions on their specific instruction sheet.
10. Submit a company check or money order made payable to: **Treasurer, State of New Jersey** in the appropriate amount listed in the fee schedule below. Personal checks are not accepted.

NOTE: All fees submitted with applications are Non-Refundable.

<u>LICENSE TYPE</u>	<u>NON-REFUNDABLE FEE</u>
Insurance Premium Finance Co	\$500.00

Questions regarding an application may be directed to (609) 292-5340.

Send to:

Licensing Services Bureau
Dept. of Banking & Insurance
PO Box 473
Trenton, NJ 08625

or, for Overnight Service:

Licensing Services Bureau
Dept. of Banking & Insurance
20 W. State St. – 8th Floor
Trenton, NJ 08610

DEPARTMENT USE ONLY:

Ref No.

Rel No.

C/R No.

Date Proc.

STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE

OFFICE OF ADMINISTRATION AND FINANCE

LICENSING SERVICES BUREAU

PO Box 473

Trenton, NJ 08625

LICENSE APPLICATION

INDICATE TYPE OF LICENSE:

Motor Vehicle Installment Seller ____ Home Repair Contractor ____ Home Finance Agency ____

Pawnbroker ____ Money Transmitter ____ Foreign Money Transmitter ____ Insurance Premium

Finance Co ____ Non-Profit Debt Adjuster ____ Check Cashier ____

YOU MUST INDICATE HERE WHETHER THE BUSINESS OR INDIVIDUAL EVER HAD A LICENSE
ISSUED BY THIS DEPARTMENT ____ YES ____ NO

THIS APPLICATION IS FILED BY A: ____ Corporation ____ Sole Proprietor ____ Partnership

____ Limited Partnership ____ Limited Liability Company

TYPE OR PRINT CLEARLY

1. Name of applicant: _____

D/B/A or Trade Name (if applicable) _____

2. N.J. Principal Business Address: (include County) _____

Contact Person _____ Tel. No. _____

E-mail address _____

☐**Check this box if you do not have an e-mail address**

3. Federal Tax Identification No. _____

4. The general books are maintained at: _____

Address

Telephone No._____
Person to Contact

5. Officer/Partner/Sole Proprietor information (attach additional sheets if necessary):

NAME	TITLE	BUSINESS ADDRESS

6. Director information (attach additional sheets if necessary):

NAME	BUSINESS ADDRESS

7. Stockholders information (owners of more than 10%). Attach additional sheets if necessary.

NAME	% of OWNER- SHIP	BUSINESS ADDRESS

8. Name, residence and business address of the registered agent in this State _____

9. Date of incorporation/formation: _____

10. Place of incorporation/formation: _____ in the County of _____ State of _____

11. Date of authorization to do business in New Jersey _____ (applicable to foreign corporations).
Attach certified copy of certificate of incorporation/formation with all amendments to date.

12. Are all of the officers, directors, partners, owners or substantial stockholders over 18 years of age and citizens of the United States? Yes _____ No _____. If the answer is no, attach schedule giving details.

13. Is the applicant or any of the officers, directors, partners, owners, substantial stockholders now under investigation in this state, any other state, or federal jurisdiction? Yes _____ No _____

14. Has the applicant or any of the officers, directors, partners, owners, substantial stockholders been indicted, arrested (other than for motor vehicle violations) or convicted of any offense, crime or misdemeanor in this state, any other state, or by the federal government? Yes _____ No _____

15. Has the applicant or any officer, director, partner, owner, substantial stockholder ever had a license, or right to engage in any other business or profession, revoked, denied, suspended, restrained by any agency of this state, any other state, or by the federal government? Yes _____ No _____
16. Has the applicant or any officer, director, partner, owner, substantial stockholder of your organization ever held any license issued by the Department of Banking and Insurance? Yes _____ No _____.
17. Has the applicant or any officer, director, partner, owner or substantial stockholder ever filed a petition in bankruptcy or reorganization or been affiliated with any entity that has filed a petition in bankruptcy or reorganization? Yes _____ No _____. If yes, give particulars on a separate schedule including date of bankruptcy or reorganization proceedings, copy of petition in bankruptcy and copy of discharge, if applicable.
18. Has the applicant or any officer, director, partner, owner or substantial stockholder been involved in material litigation during the five years prior to application? Yes _____No _____. Material litigation means any litigation that, according to generally accepted accounting principles, is deemed significant to any applicant's or licensee's financial health and would be required to be referenced in that entity's annual audited financial statements, reports to shareholders or similar documents.

Any question that is answered "Yes" requires a detailed explanation. Failure to provide adequate information will cause the application to be returned to you.

SOLE PROPRIETOR ONLY

19. Are you the subject of an arrest warrant for failing to comply with court ordered child support obligations and/or are you in arrears on such obligations for a period of six months or more? Yes _____ No _____

MAKING A FALSE STATEMENT MAY SUBJECT YOU TO CONTEMPT OF COURT.

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance.

Signed, sealed and delivered in
the presence

(Print Name of Applicant)

(CORPORATE SEAL)
(if applicable)

(Signature of Corporate President, Partner or Sole Proprietor)

Attest: _____
(Corporate Secretary or Witness)

Subscribed and sworn to before me at

this _____ day of _____ 20____

(Official Title)

CERTIFICATION

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

Print Name

Signature

Title

Date

Subscribed and sworn to before me

On this _____ day of

_____, 20____

Title